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| 1. Claimant Name | 2. Account Number (FE, TR or ME) |
| 3. Address (Street or RR#, City, State, ZIP) | 4. Claim Period From: To: |

[illegible]

Summary of Sales Worksheet/Tribal Government or Tribal Members Instructions

1. Enter name of the Indian Community or business submitting the claim.
2. Enter the account number of the Indian Community or business that is submitting the claim. If you do not have a number, we will assign one to you.
3. Enter the address of the Indian Community or business.
4. Enter the period covered by this claim. Enter the appropriate oldest and the newest invoice dates.
5. The tribal member must sign his/her name each time he/she makes a tobacco purchase to qualify for the refund of the State of Michigan Tobacco Products Tax.
6. Enter the tribal member's number.
7. Enter the total number of sticks of cigarette purchased.
8. Enter the wholesale price of the other tobacco products purchased.
9. Total the cigarette column and enter the total number of cigarettes on line 3 of Form 3592.
10. Total the other tobacco products column and enter the total wholesale price of the other tobacco products on line 5 of Form 3592.